

The “Journey” For A Child Who Receives Preschool Special Education Services

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Lisa Adams.....	Southwest Human Development
Diane Bartsch.....	Mesa Unified School District
Scott Buechl.....	Alhambra Elementary School District
Kip Burns.....	Tuba City Unified School District
Jennifer Campbell.....	Paradise Valley Unified School District
Nancy Dever.....	St. David Unified School District
Molly Dries.....	Department of Economic Security
Wanda Hansen.....	Mesa Unified School District
Judy Haubert.....	Casa Grande Elementary School District
Allison Landy.....	Maricopa County Head Start
Terri Legassie.....	Payson Unified School District
Bonnie Lund.....	Alhambra Elementary School District
Avis Mactima.....	Tuba City Unified School District
Patty Matthews.....	Tucson Unified School District
Claudia Scott.....	Chinle Unified School District
Patty Snyder.....	Sunnyside Unified School District
Debra Weger.....	Lake Havasu Unified School District
Carol Wegley.....	Department of Economic Security

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PREFACE

Arizona Department of Education / Exceptional Student Services, Preschool Section, has developed the following document in order to assist school districts and other providers of preschool special education services. This document can be used during the process of determining whether a preschool child is eligible for special education services.

This document is a product of the Preschool Resource Notebook Task Force, which was formed to provide valuable input from the field. This committee realizes that some school district/agencies have long-standing and fully implemented preschool programs. Others may be at a different stage in their development toward achieving a fully implemented program. It is our hope that this document will facilitate growth and change in a manner that promotes promising practices statewide for preschool children suspected of having a disability.

Topics covered include: Child Find, Comprehensive Developmental Assessment, Evaluation, Eligibility Determination, Placement, IEP Development, and Transition.

For further information regarding this document or for technical assistance for your preschool program, contact the Arizona Department of Education / Exceptional Student Services by calling 602-364-4013.

Background

The individuals with Disabilities Education Act (IDEA), previously the Education of the Handicapped Act (EHA), was originally passed by the U.S. Congress in 1975 as Public Law (P.L.) 94-142. Its purpose was to ensure all children and youth with disabilities in the United States access to a free appropriate public education (FAPE).

IDEA was amended a number of times with the most significant revisions occurring in 1997 through P.L. 105-17. The IDEA Amendments of 1997 were written with the intention of improving the results for children with disabilities by promoting the following improvements to Part B:

- Early identification and provision of services
- Individualized Education Programs (IEPs) that focus on improving results through the general curriculum
- Education with nondisabled children
- Higher expectations for children with disabilities and agency accountability
- Strengthened role of parents and partnerships between parents and school
- Reduced paper work and other burdens.

The regulations implementing Part B of IDEA '97 apply to children and youth with disabilities ages birth through 21.

Child Find Responsibilities Under IDEA '97

Overview

Child Find is a combination of established procedures and activities intended to help locate (through public awareness) and identify (through screening) all children who may have disabilities and who may need early intervention or special education services. State departments of education are required to have formal agreements (usually called intergovernmental agreements or IGAs) with other state agencies that provide early intervention services, in order to provide a “safety net” for families of young children. In IDEA, this “safety net” is referred to as a “seamless” system to be established by early intervention agencies to provide clear-cut procedures for referring children from one system to another.

In Arizona, the Arizona Department of Economic Security (DES) is the lead agency for Part C of IDEA to ensure that early intervention services are provided through the Arizona Early Intervention Program (AzEIP) for children with developmental delays age birth through two. The Arizona Department of Education is responsible for Part B IDEA to ensure preschool special education services through local school districts for children with disabilities age three through five. Charter schools do not provide preschool special education services. An official tracking form has been developed for AzEIP and school staff to use to refer children with a suspected delay or disability to each other according to the child’s age. (See tracking form in appendix, exhibit A.)

Process

Both local school districts and charter schools are required to have policies and procedures for implementing child find requirements. Charter schools are required to train staff regarding child find procedures, conduct public awareness activities and document referrals made to AzEIP or local school districts to ensure follow through. Local school districts have the same requirements as charters with the addition of screening children for suspected disabilities within 45 calendar days of receipt of a concern from a parent. Screening procedures must include hearing and vision status and the following areas: cognitive, communication, motor social/emotional, and adaptive behavior. A school district may elect to bypass a formal screening and initiate an evaluation as deemed appropriate. (This will be discussed in more detail in another section.) Since preschool children are not required to attend school, school districts and charter schools need to ensure that their public awareness efforts to advertise availability of preschool special education services are sufficiently widespread so all parents, early childhood providers, health agencies, and community organizations can assist in helping “find” youngsters who need services.

AzEIP and ADE have child find public awareness products with a mutual slogan titled “Every Step Counts”, that refer to checking the development of children on a routine basis. Conducting community-based screenings for all children has been an effective method of finding eligible children because parents often do not identify delays in development, may not be inclined to refer their child, or are not aware of community resources.

The Quality Indicators Guide that follows, can be used by Early Childhood Special Education programs (ECSE), to ensure that important elements of the child find mandate are implemented.



Quality Indicators

- Quality indicators for child find – Are we doing it right? (Bourland & Harbin, 1987)

Indicators	Occurs			Target (Y/N)	Priority (0-5)		
	Yes	Sometimes	No		High	Medium	Low
1. The Early Childhood Special Education (ECSE) service providers systematically share information about ECSE services and the referral process with public and private community resources (e.g., Head Start, Well Child Clinics, child care providers, and community resource and referral agencies).							
2. The ECSE program has procedures for receiving and acting on incoming referrals in a timely fashion. All staff and parents of students have a copy of procedures.							
3. The program locates all children from birth-5 for screening through the use of local media and collaboration with other public and private community resources.							
4. The program coordinates screening activities and shares screening responsibilities with other public and private community resources.							
5. Screening activities include gathering information through interviews with parents, observing the children, and administering valid and reliable instruments.							
6. ECSE staff interprets and privately discusses screening results with parents immediately after screening process.							
7. Information about community resources, child development, and developmentally appropriate activities is disseminated for all families.							
8. ECSE staff and the family decide next step: rescreening, referrals to other community resources.							
9. Written information exists that outlines program procedures as they relate to child find planning, implementation, and evaluation. Staff have received training and are familiar with procedures.							

Components of Developmental Screening

A screening must be conducted within 45 calendar days of a parent request.

Screening must address all of the following areas:

- a) Sensory (vision and hearing)-The purpose of the vision and hearing screening is to rule out any sensory deficits that may be impeding the child's development and to ensure validity of any subsequent assessments. The vision screening should consist of an assessment of visual acuity. Best practice recommendations include the use of developmentally appropriate stimulus cards like the Teller cards. Passing is defined as being able to correctly identify 3 out of 5 items at 20/50 from 20 feet for the right eye, left eye, and both eyes.

Hearing screening requirements put out by the Arizona Department of Health should be followed. These can be found at <http://www.sosaz.com/aar/2002/32/final.pdf>.

Many children, due to the nature of their disability or behavioral factors, are unable to be conditioned for the task. It is not sufficient to indicate that they could not be tested. A referral is required when a child fails their second hearing screening. (See R9-13-105)

If vision and hearing results have been deemed satisfactory, then proceed with the rest of the screening. If vision and hearing deficits are significantly impacting the performance of the child, the team should make notes regarding the concerns about vision and hearing. The screening continues. The team may make a decision to refer the child for a full evaluation, depending on the results of the screening.

- a) Cognitive
- b) Motor
- c) Communication
- d) Social/emotional
- e) Adaptive Behavior

Participants in Screening

Recommended team members for a screening include: parents, speech/language pathologist, a teacher who is knowledgeable about early childhood, school psychologist, nurse or certified vision/hearing screeners, occupational therapist, physical therapist, dental assistants, or any other paraprofessional who has received appropriate training in administration of the instrument and who is under the supervision of certified staff members.

Permission to Conduct Screening

Screening does not require signed consent by the parent. Best practice is to obtain informed consent by describing the purpose of the screening to the parent or caregiver.

Types of Screening Tools Available by Domain

Some standardized instruments and play-based screening tools typically yield standard scores and standard deviations. There are advantages and disadvantages to both types of assessments depending on the purpose of the instrument. The purpose for which an instrument is used, should be considered carefully by the team before selecting an instrument. Common screening tools include: Dial-III, First Step, Brigance, Battelle, and parent information, in combination with other instruments. (See Developmental Screening Instruments For Preschoolers, in appendix, exhibit B.)

Factors to Consider When Choosing a Screening/Evaluation Instrument

- Age of child
- Cultural / ethnic / social background
- Primary language of the child and home
- History of language use
- Norms / standardization data of the instrument (population samples, number of children in samples, criterion and norm-referenced, etc.)
- Reliability / validity of instrument
- Evaluator qualifications
- Ease of use for arena screenings
- Number of items on the total instrument or sections of the instrument (too few can adversely affect reliability and validity)

Screening Results

Parents must be informed of the screening results by a knowledgeable individual familiar with the screening instrument and early childhood development.

There are three possible outcomes of screening. They are as follows:

1. The child passes in all domains.
2. The child receives a borderline passing score, or validity of the results are questionable. The team may recommend a re-screening at a later date or may monitor the child.
3. The child fails the screening in one or more areas.

For children whose screening shows areas of concern, the following needs to occur:

- Procedural safeguards and Prior Written Notice (PWN) need to be given to the parent
- Review of existing data needs to occur
- If additional testing is needed, consent for additional data/evaluation needs to be obtained from the parent

* The sixty-day (60) timeline for the completion of the evaluation is from the date of parental consent to the date of the meeting to determine eligibility.

Accommodations for Screening English Language Learners

Tests and other evaluation materials are selected and administered so they are not racially or culturally discriminatory. These tests must be provided and administered in the child's native language or some other mode of communication, unless it is clearly not feasible to do so. If screening in the child's primary language is not feasible, then the team should document observations of the child and consider input from persons knowledgeable about the child for recommendations about further evaluation. Some options to consider when screening a child whose language is other than English may include the following:

1. Administer a screening tool in the child's primary language
2. Use play-based assessments and / or observations
3. Use an interpreter who is knowledgeable about the vocabulary and process for special education to facilitate screening
4. Consider information from all persons who have knowledge about the child in conjunction with clinical judgment

Comprehensive Developmental Assessment Process (CDA)

Overview

CDA is a dynamic process that begins at the time of referral. Referrals may occur in the following ways:

- Parents may bring their child to preschool screening as a result of Child Find.
- Parents make a referral to the school district in response to an agency's recommendation.
- Doctors, clinics, child care providers, and social service agencies may make a direct referral to the school district.

Review of Existing Evaluation Data

A multidisciplinary evaluation team needs to conduct a review of existing data as the first step in a comprehensive developmental assessment. The following information is outlined under Section 300.532 of IDEA:

(1) REVIEW OF EXISTING EVALUATION DATA – As part of an initial evaluation (if appropriate) and as part of any reevaluation under this section, the IEP team described in subsection (d) (1) (B) and other qualified professionals, as appropriate, shall—

(A) review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related service providers observations, and

(B) on the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—

(i) Whether the child has a particular category of disability, as described in section 602 (3), or, in case of a reevaluation of a child, whether the child continues to have such a disability;

(ii) The present levels of performance and educational needs of the child;

(iii) Whether the child needs special education and related services, or in the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(iv) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the individualized education program of the child and to participate, as appropriate, in the general curriculum.

If additional data are needed, the multidisciplinary evaluation team determines further assessment needs. A comprehensive assessment may include criterion-referenced tests, norm-referenced tests, play assessment, observations, medical records, and parent/teacher input. The CDA report is documented through a transdisciplinary assessment report that must address all developmental domains through:

- Discussion of review of existing data
- Results of screening and evaluation
- Background information (e.g. family, social, medical, developmental)
- Results of hearing and vision screening
- Previous test data
- Parent input
- Teacher and related service provider input by observation
- Present levels of educational performance
- Special education eligibility
- Educational needs

Comprehensive assessment must address all developmental domains: cognitive, language, social/behavioral, adaptive behaviors, and motor/physical.

Evaluation

State and federal IDEA regulations prohibit the determination of eligibility for special education on the basis of one instrument. Best practice guidelines suggest multiple evaluators, multiple assessments, and multiple settings (Bagnato, 1989). The CDA must address all areas of suspected disability identified through the screening process.

Type of Assessment Instruments

The following list offers some types of assessments that can be included as part of the evaluation.

- *Norm-referenced assessment* instruments compare a child's developmental skills to those of a normative group, have standard procedures for administration, and report validity and reliability data which can be used to interpret achieved scores.
- *Criterion-referenced instruments* are developmental or curriculum-based assessments designed to trace a child's achievement along a continuum of objectives or benchmarks.
- *Judgment-based assessment* instruments are rating scales or checklists. These assessments can be structured recordings of impressions regarding some aspect of a child's status or characteristics. They are a way to capture some of the impressions that cannot be quantified any other way.
- *Systematic observation* is an observational method where the observer has a preplanned system with identified goals and systematic recording of specified behaviors (e.g., behavior, communicative attempts).
- *Functional skill assessment* is an informal observation of specific behaviors. The assessment gives information about a child functions in a given setting. (e.g., functional vision, communication).
- *Family-derived information* is parental input, including information on the interactions between parent and child, family identification of priorities and goals, use of certain strategies, and information from extended family by means of family interviews or developmental intakes.

Factors That Must be Addressed When Conducting an Evaluation

Tests and evaluation materials used for assessment

- are not discriminatory on racial or cultural basis
- are provided in child's native language or other mode of communication unless unfeasible
- use procedures examining the extent of disability rather than English language skills for English Language Learners

- use a variety of assessment tools and strategies to gather functional and developmental data, including information from parents, to enable progress in
- the general curriculum or appropriate preschool activities, determine eligibility and development of an IEP
- are validated for the purpose for which they are being used
- are administered appropriately by trained examiners
- are described regarding the variance if the assessment is not conducted under standard conditions
- assess specific areas of educational need, not merely provide single IQ
- with impaired sensory, manual, or speaking skills measure the aptitude, achievement, or other quality rather than reflecting the impaired sensory, manual, or speaking skills (unless the impairments are the skills to be measured)
- should not be a single procedure used as the sole criteria to determine eligibility
- should cover all areas related to the suspected disability as appropriate (health, vision, hearing, social-emotional, intelligence, academic achievement, communication, motor adaptive)
- should be comprehensive enough to identify all special education and related service needs whether or not commonly linked to the disability category
- should be technically sound instruments to assess cognitive, behavioral, physical, and/or developmental factors
- should use tools and strategies which provide relevant information for determining the educational needs of the child

Controlling bias in assessment is critical when evaluating English Language Learners (ELL).

Evaluation Results

Upon completion of the assessment the Multidisciplinary Evaluation Team (MET), **which includes parent input** needs to meet and discuss the evaluation results. The results of the evaluation need to be written in a transdisciplinary assessment report.

The Quality Indicators Guide that follows, can be used by ECSE transdisciplinary teams, to ensure that important elements for the comprehensive evaluation are being followed.

- **Quality Indicators of a Comprehensive Evaluation – Are we doing it right?**
(Neisworth & Bagnato, 1987)

Indicators	Occurs			Target (Y/N)	Priority (0-5)		
	Yes	Sometimes	No		High	Medium	Low
1. An evaluation team is established which includes family members and a representative from those disciplines necessary to design and assure full implementation of an evaluation plan.							
2. The evaluation process includes gathering information from multiple sources including families and other individuals who know the child.							
3. The evaluation process collects information relative to the child's health and development across multiple domains, including skills in the areas of motor, cognition, speech and language, social-emotional, and adaptive behavior.							
4. The evaluation process collects information from multiple measures that may include (but are not limited to) standardized tests, curriculum and judgment-based instruments, observations in naturalistic settings, and formal and informal interview procedures.							
5. The evaluation process includes instruments/procedures for gathering information relevant to family and environmental factors, including parent-child interaction, child-environment interaction, the physical and social environment, and family strengths and needs as they relate to the child's development.							
6. Evaluation procedures for the purpose of program planning include using appropriate curriculum-linked measures.							
7. Assessment activities occur in settings that are comfortable for the child and developmentally appropriate.							
8. A written statement exists that outlines comprehensive evaluation procedures.							

Eligibility Determination

After the team discusses the evaluation data, the MET determines whether or not the child meets eligibility criteria to be categorized as a child with a disability, and whether or not they need special education services.

ARS 15-761-23 “*Preschool child*” means a child who is at least three years of age but who has not reached the required age for kindergarten.

ARS 15-761-24 “*Preschool moderate delay*” means performance by a preschool child on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

ARS 15-761-25 “*Preschool severe delay*” means performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas:

- a) Cognitive development
- b) Physical development
- c) Communication development
- d) Social or emotional development
- e) Adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

ARS 15-761-26 “*Preschool speech/language delay*” means performance by a preschool child on a norm-referenced language test that measures at least one and

one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility under this category is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another preschool category. The evaluation team shall determine eligibility based on a preponderance of the information presented.

ARS 15-761-9 “*Hearing impairment*” means a loss of hearing acuity, as determined by evaluation pursuant to section 15-766, which interferes with the child’s performance in the educational environment and requires the provision of special education and related services.

ARS 15-761-38 “*Visual impairment*” means a loss in visual acuity or a loss of visual field, as determined by evaluation pursuant to section 15-766, that interferes with the child’s performance in the educational environment and that requires the provision of special education and related services.

ARS-15-771 (G) “*Preschool child*” means a child who is at least three years of age but who has not reached the age required for kindergarten. A preschool child is three years of age as of the date of the child’s third birthday. The governing board of a school district may admit otherwise eligible children who are **within ninety days of their third birthday**, if it is determined to be in the best interest of the individual child. Children who are admitted to programs for preschool children prior to their third birthday are entitled to the same provision of services as if they were three years of age.

Note: A standard deviation is a unit used to measure the amount by which a particular score differs from the average (mean) of all scores in the sample. Different tests have different standard deviations (typically SD=15, mean=100).

Individualized Education Program Development

Once the MET team agrees that eligibility criteria have been met, an individualized education program needs to be developed to address the child's specific strengths and educational needs based on the evaluation results.

Required components for IEP development can be found on the ADE website. Log on to www.ade.az.gov click on Educational Programs and Services, Exceptional Students Service, AZTAS-Revised. School districts may utilize ADE's IEP form or create their own; however, no separate form for preschool is necessary.

A copy of the child's IEP shall be given to the parent at no cost to them. The public agency shall take whatever action is necessary to ensure that the parent understands and participates at the IEP meeting. This may include arranging for an interpreter for parents with deafness or whose native language is other than English.

(See sample goal and objective sheets in the appendix, exhibit C.)

Placement

Upon completion of the development of the child's IEP, a placement decision is made. Each public agency shall ensure the following regarding placement:

- The placement decision is made by a group of persons, including the parents, a regular educator, and other persons knowledgeable about the child.
- The placement decision is based on the evaluation data and placement options.
- The placement decision is made in conformity with the provisions of the least restrictive environment.
- The placement decision is determined at least annually for the child; based on the child's IEP; and as close as possible to their home.
- The placement decision must take into account the harmful effects of the selected services on the child, or on the quality of services that he or she needs.
- The placement decision shall ensure that the child is educated in the school that he or she would attend if non-disabled, unless the IEP for the child requires special placement for their disability.
- The placement decision shall ensure that the child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum/appropriate activities.
- Parental consent is required for initial placement in special education.

SUMMARY

The “journey” for a child who receives preschool special education services begins with a screening or a full evaluation and ends with placement into the appropriate program determined through assessment and MET discussions. The flow-chart at the end of this document shows this process in a schematic way.

THE “JOURNEY” FOR A CHILD WHO RECEIVES PRESCHOOL SPECIAL EDUCATION SERVICES

Referral to school district by parent, early intervention agency, AzEIP, DDD, Head Start, doctor or other person to whom the parent has given permission. If the child is in early intervention, a transition meeting is held up to six months before child’s third.

Has the child been evaluated before (speech/language, occupational therapy, physical therapy, developmental, psychological, adaptive, social/emotional)?

YES

Multidisciplinary evaluation team
Reviews existing evaluation data
and determines

No additional
evaluation data
needed.

Additional
evaluation data
needed.

Multidisciplinary evaluation
team conducts developmental
evaluation within 60 days of

Multidisciplinary evaluation team determines child’s eligibility and need for special
education.

Child is eligible for and needs special
education. Complete eligibility report
and develop IEP.

NO

School district team conducts a
developmental screening within
45 days (addressing all 5
developmental areas and vision/
hearing).

Child fails
screening in
any area.

Child
passes
Screening

Screening team provides
recommendations
and may monitor
child’s progress.

Child is not eligible for and does
not need special education.
Complete eligibility form.